

Director's Signature: _____

Program / Area: Drug Analysis Lab Boston, Page 1 of 4

Each employee must sign their full name under their printed name at the end of each week to confirm their hours.

Supervisors must initial the timesheet at the end of the week to confirm COM or OT hours for their staff.

Week Ending: _____

Employee Name:		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Corbett, Kate	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
Dockhan, Annie	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
Frasca, Daniela	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
Gao, Xiu Ying	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														

Director's Signature: _____

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Each employee must sign their full name under their printed name at the end of each week to confirm their hours.

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Week Ending: _____

Employee Name:		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Lawler, Michael	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
McCarthy, Kevin	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
Medina, Nicole	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
O'Brien, Elisabeth	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														

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Each employee must sign their full name under their printed name at the end of each week to confirm their hours.

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Week Ending: _____

Employee Name:		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Phillips, Gloria	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
Piro, Peter	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
Renczkowski, Daniel	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
Saunders, Della	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														

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Each employee must sign their full name under their printed name at the end of each week to confirm their hours.

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Week Ending: _____

Employee Name:		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Sprague, Shirley	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
Employee Signature															
Supervisor Initials (for COM and OT approval)															
Tan, Zhi	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
Employee Signature															
Supervisor Initials (for COM and OT approval)															
Tran, Mai	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
Employee Signature															
Supervisor Initials (for COM and OT approval)															
Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
Supervisor Initials (for COM and OT approval)															